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ORIGINAL ARTICLES.

Sudden Deaths.

W. F. SAWHILL, CONCORDIA.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

In reading up this subject I learn by the books that sudden deaths are usually looked upon as rare. But if a physician will look back over the years of his work he will recall many cases of the sudden termination of life. I can give eight or ten instances that have occurred to my personal knowledge within the past three or four years. This does not include deaths due to accident or injury.

Perhaps if more thorough examinations and proper diagnoses were made, sudden deaths might be called rare, for we might be enabled to forsee and prevent such a result. Yet, I can state without fear of contradiction, that every physician has lost patients by death more unexpected to him than to the friends of the deceased.

Some years since I was called to come in a hurry to see a young lady who became ill a few hours previous, but not bad enough to alarm her parents. When I got there she was dying, and lived only a few minutes. What caused her death I am unable to state. In October 1894, I went to see a girl about seven years of age. She had congestion of the lungs. She died the same day I first saw her, of the lung disease, I think.

In August, 1896, I was called in consultation to see a young married woman. The physician in attendance had seen her for the first time one day previous, and was somewhat alarmed by the condition of her pulse; she was in a dying condition when I saw her, and died in two or three hours. She had all the symptoms of typhoid fever with perforation, and as there was a history of a tired listless feeling with some fever, the above diagnosis was probably correct.

September last I attended a young woman (a primipara) in confinement. The labor was short, easy and uneventful. She got up well, to use a "local term," that is, she had no after pains, normal lochial discharges; no fever and frequently stated she never felt better. I saw her every day, as is my custom, for three or four days then every alternate day for two or three visited her the evening of the tenth day. She was quite well and talked about sitting up in a chair. I told her I had not known of a case to do better than she, and that she could sit up the next day for a short time. That same evening about 9 o'clock a neighbor came where I was attending a confinement case, saying they wanted me immediately to see Mrs. T——. As I could not go I told the messenger to get another physician at once, which he did. The physician was soon there, but found her past recovery. She had been sitting propped up in bed talking to her husband, when she suddenly became dizzy, and died in less than an hour.

About the 10th of last September I was called to see a "middle aged" lady who had been sick for three weeks. She had typho-malarial fever. I treated her for nine or ten days. She gradually recovered. The last two visits I made I found normal temperature and pulse. Seven days after I ceased to visit her. She was lying in bed while her husband was preparing her some breakfast, (I will state here that she had been sitting up some during the three or

four days previous) when she complained of being blind and dizzy, in fifteen minutes she was dead. January 20, 1887, I went to see a woman who was pregnant and expected to be confined about the middle of February. The day previous I had sent her some medicine to relieve a nervous condition, but she was not relieved. I found her quite rational, but nervous, and complained of an aching over entire body. I endeavored to quiet her, and remained until she was easier. About six hours later I was summoned to come at once. I found her pulseless and cold. I used stimulus, strychnine heat, etc., but all were unavailing. She died in about two hours after I arrived.

It is an easy thing to say a sudden death is due to heart failure, but it is not always the truth. In my case that died ten days after confinement, it may have been the cause. Most authorities attribute such deaths to myocarditis, heart clot, etc. In the case dying some days after the fever, I do not know the cause; found no disease of heart when I treated her. In my last case reported above I am inclined to attribute the cause to grief. She was troubled over family and financial affairs, and her youngest child had sarcoma in abdominal cavity, which was pronounced fatal. These altogether worried her greatly. There might have been uremic poisoning, though no opportunity being given to make an examination of urine.

Sudden death is not uncommon. It is the most terrible of all deaths in many respects to the friends, if not to the subject. Can we do anything to prevent it? Usually we do not have an opportunity. It is well for a physician in all cases to be thorough in examinations. He should try to know the condition of the heart, blood vessels, lungs, kidneys and nervous system. He might not be able to prevent death, but could by suggestion or hint let the interested ones know that this may occur and save his own credit somewhat.

Death, physiology teaches us, is a natural consequence of life, but to be physiologically correct, cessation of tissue metamorphosis should not be sudden. There are several causes for sudden death. Heart disease or failure is the first thing usually thought of. People die of heart disease. From the occurrence of organic or structural lesion the heart is no longer capable of properly performing its work, and is more susceptible to impulses. The heart, in which no organic or structural lesion exists, is often very susceptible to impulses or reflex impressions and violent emotions, as joy, grief, fright, etc., may, through the nervous system, cause a failure of its action.

There may be such a condition of the blood vessels as to produce sudden death; this is generally due to a rupture of the vessel—is hemorrhage and rapid reduction of the blood pressure. A sudden distension of the vessels in one part of the body as from a blow upon the abdomen may reduce a great portion of the blood from the general circulation and cause cessation of the heart's action for want of normal stimulus. This is usually called death from shock. Sudden death, due to cessation of respiration may be due to obstruction of disease, both local and central. One of my cases reported died of what, I believe, was acute congestion, interfering with normal respiration. Paralysis, involving the lungs, could produce sudden death. In interstital nephrites there may be sudden edema of the lungs, causing death in a short time.

The above are not all, but the principal causes of sudden death. Little can be said about the treatment. This is the place where treatment of the symptoms is the proper thing to do. Try to sustain life. The lesson to be learned is, to prevent, if possible, in every case, the condition that might bring on sudden death. Do not be careless with any case, however mild the disease may be.

Discussion—The President: This report reminds me a good deal of the report I heard quite a number of years ago from a young physician with reference to a case of cerebro spinal meningitis; he reported the case and said that that was a hundred per cent.

By a member: Mr. President, I would like to report a case. A year ago last September

a young lady had a typical case of cerebro-spinal meningitis and was very sick, but after about six weeks she recovered—recovered enough so that she was able to be around. She went to several entertainments in town, and went away to her friends out in the country, about fifteen miles from town, rode in a wagon; made the visit there and then was coming home, and rode to the train to come home, got out of the buggy and started for the train, walked about half way across the street and fell dead. I have known two or three instances of sudden death after typhoid fever where the patients died when they were raised in a sitting position to take nourishmant. A few weeks ago I was attending an old lady who had been suffering for the last six months with asthma, and was suffering severe pains in the chest. I had resorted to hypodermic injections of morphine, atropia and strychnine, and in every case it had given relief, and she would go to sleep and wake up relieved. The last attack seemed exactly like the others. I gave her a hypodermic injection of morphine, atropia and strychnine; told the family it would relieve her and went away. I called again in about a half an hour, and she was sleeping as she had been before. I told them I would call again, and went away. In about an hour the husband came to me and says "We can't arouse her." I went with him, supposing that I could arouse her in a few minutes, but when I arrived there I found that I couldn't; she had gone into a comatose state, and she died before morning. What caused her death I don't know.

Dr. H. M. Ochiltree, of Haddam: Mr. Chairman, I have been quite interested in Dr. Sawhill's paper. The subject has been called to my mind frequently and forcibly. A physician is summoned to a case, and before he gets there the party is either dead or dying and lives only a very short time. If the report is made that the individual died from heart failure it is unsatisfactory, and the laity are inclined to laugh, at least part of them, at that opinion. And quite a number of health officers will not accept a report of that kind at all; if a return is made that the death was due to heart failure, the papers are sent back for correction. Almost anything is more satisfactory than heart failure. I was called upon to perform a post-mortem examination on a young man who was supposed to have been poisoned. He died suddenly, and previous to his death a physician had been summoned and had given a little medicine, and he had died, and there was considerable disatisfaction; and I was coroner at the time, and they called upon me to hold an inquest. I did so, and held a post mortem, and found that the individual had died from meningitis. Well, of course, it was quite violent, and perhaps the attending physician did not exercise sufficient diagnostic powers, but anyway the post mortem was timely, and cleared up the diagnosis of the case and satisfied the entire community; and I think it is the duty of the physician in cases of this kind to insist upon a post mortem examination. How are we to tell what the cause of the death is if we don't make a post mortem examination in a case of this kind. We may surmise, but to surmise heart disease or heart failure is very unsatisfactory. Let us as physicians endeavor to educate the laity upon the necessity of making these post mortem examinations. A great many are afraid to mention it for fear it might hurt the feelings of some one, but I have made it my business under all circumstances of this kind to insist upon a post mortem examination though I was satisfied it could not be done. I felt it was my duty to talk about it and endeavor to educate the people up to the point of understanding the necessity of holding post morem examinations, and then when we as physicians do this, I am satisfied it will clear up the cause of so many sudden deaths, and the diagnosis will be more easy.

Dr. L. Reynolds, of Horton: The question of sudden death is one that has been impressed upon my mind by a case such as generally impresses us with anything emphatically. In an obstetric case a few years ago, primipara, with satisfactory progress; cervix dilated perhaps as large or larger than a dollar. I had never examined the patient before, had no history of cardiac

trouble. All at once she gasped and said she couldn't breathe, and died. I instantly examined the heart and found it interrupted. What caused the death I don't know. It is one of those cases that we call heart disease. It might not have been the heart, because only partial dilatation occurred; no abnormal indications; no medicine was given, fortunately, and absolutely nothing was done, but to make the ordinary and usual digital examination. And the subject of post mortems is one that we ought all to think of often. We ought not even to omit it where we are satisfied of the cause; we ought to educate the people to permit this because we gain very valuable information, and I insist upon this very frequently and work various plans to secure a post mortem, and the people in my community are getting so they allow it much more than formerly. I think we can educate the people to it, and it will be greatly to our advantage, and ultimately to our people.

Dr. Geo. A. Boyle, of Louisburg: I was glad to hear Dr. Sawhill read this paper; I think that every practitioner who has been in the practice a number of years has met with these sudden deaths, and I think you will agree with me that it don't make us feel comfortable at all. I remember my first one occurred when I was in partnership with an older man, and that let me down easily. I had been attending a woman with a long case of typho-malarial fever; she was convalescent; I was attending her one day, and the next day my partner called and found her dead. She had been sitting up, although I had cautioned her about sitting up. Itseems that her husband helped her up from the bed, helped her up from the bed to urinate, I think, and he happened to notice her a few minutes afterwards and she was gasping for breath, and he went to her and laid her down, and she was dead. I think my partner called it heart failure. It went for that I know. I can name several others. I know of one other that occurred, and that one impressed me very much because she was a young lady, who in her younger days had gone to school to me. She was a young buxom woman of about 30; had then at that time had an attack of remittent malarial fever, lasting two or three weeks. I am just merely telling this from memory, I am not exact about it; while the fever had been very high there was no special complications, nothing alarming in the case. It was nine and a half miles from town, and I had been visiting her every day. I went to see her one Sunday morning and found her sitting up in a rocking chair in the door. I made the assertion that she had a worn-out look. I said, "I am very glad to see you sitting up, but I am afraid you are over-doing it," and she said, "Doctor, I am feeling quite well now, only I am feeling quite tired." I had her to lie down, and when I left there she was feeling so well that I told them I would perhaps see her in two three days. That evening I got word in a hurry that they thought Mrs. Barker was dying. When I got out there she had been dead maybe two or three hours; in the meantime they had sent for another physician, who lived within two or three miles of there, and he was there when I got there, and he called it heart failure. Well, I let it go at that. Well I don't know whether it was that or not; I had examined that woman, and if there was any cardiac lesion I didn't discover it. I will state that I have been educating the people up to post mortems, so that I can get a good many post mortems where I didn't get them before. In my hospital experience in Philadelphia I had no trouble about it, but it is a different thing in private practice, especially in country practice. This gentleman here reminds me of a case I had last winter. An old lady who had an attack of hepatic colic about nine or ten years ago, and had repeatedly refused anything in the way of an operation. I had gone to see that woman on several different occasions, and had injected morphine and atropia, and usually the morphine and omitted the atropine, and in the interim gave her chloroform, and that would relieve her. Then I would give her a good dose of calomel and follow it up with soda and a heavy dose of olive oil. The woman was relieved and she generally recovered for quite awhile. One night last winter I was summoned hastily to see her, and I went in,

and on this occasion I found the old lady—she was quite fleshy, not exceedingly so, but quite fleshy—and I found her on the floor as near to the stove as she could get with a large comfort wrapped around her, chilling and moaning with pain. She says, "Doctor, I am having one of my old spells." I admit that I didn't wait to examine her very thoroughly. I might say that this was in January, and July previous to this time I had treated her for what I believed at first was kidney lesion; I believe the urine did give albuminuria; on examination I found a cardiac lesion; just what it was I don't know. There was a distinct murmur, but I thought nothing of that this fall. I merely called for hot water, and got my hypodermic syringe ready and gave her an injection, and I think I gave her a dose of antikamnia with whisky. In a half an hour her chill was gone, her pain was relieved to such an extent that she sat up on the floor. I tried to get her to go to bed, and her husband tried to get her to go to bed, and the children also, but she said perhaps she would after while, and I left her in that condition and went home. The next day I heard that the woman was dead. Well I was wonderfully surprised, and I got a history something like this: that she had taken some medicine that I left her, and had gone to sleep and slept until morning pretty well, and had wakened in the morning and refused to take any more medicine, but seemed kind o' drowsy, and said it was hard for her to get her breath. About 12 o'clock one of the girls called the old gentleman in and found her dead. In this case the coroner made an investigation, and it was found on investigation that she had purchased arsenic herself for rat poison; and we were going to hold a post mortem in this case, but on investigation we found that the undertaker had injected a large amount of embalming fluid containing so much arsenic that the post mortem would be useless. I might tell of a good many others among my brother physicians around me. I merely got up to say that it is something that occurs to all of us. If we can do something to prevent it we should do so.

Dr. R. Black, of Ottawa- The cases of sudden death are numerous, and no two of them tally the same. I remember about twenty-six years ago, when I was first practicing medicine, a lady, slender of build, who had been confined with a child prior to that. I boarded in the same family at that time. She had an easy confinement, and in nine days was able to sit up. I think I never saw a patient who improved any more rapidly than she did. On the evening of the 17th day her husband came home, and I was in the room next to them, and they sat around the kitchen fire and talked until perhaps half-past 9 o'clock at night, when the husband got up to prepare to go to bed, and she got up and walked into her bed-room and fell across the bed and died before I could get there. There was no history of heart disease; there was no history in the family of apoplexy. I have been puzzled from that day to this to know what that lady died of. I don't know; I have no idea; that is not the point. It is simply to illustrate another case of a peculiar character. I don't know but that the public have this thing right in their mind. There are enough cases that come to the hospitals, that come to the poor-houses. that come to the places in which we have a right to examine, to see the character of the lesions that have occurred, and in order for us to get the pathological conditions that exist in these cases of sudden death. Now, I don't know but what the public is right in not permitting us to cut into their dear dead ones upon slight provocation. I think that in this case that whatever is, is right. I don't believe if I had made the most minute anatomical examination of this lady that died that I would have been able to save one more life in my life-time than I have now; and I don't believe, either, that any one or two doctors getting together and holding a post-mortem examination which they never report to anyone, and which they don't conduct in a strictly scientific manner, is of much benefit to humanity. I believe that these post-mortem examinations should be made in a place and under such circumstances that there could

be a tabulated record kept of it in which the whole profession can join in reaping the benefits of it. He makes no report, and in ninety-nine cases out of a hundred, gentlemen, I don't believe it is a benefit to him or anyone else.

The President: These are wonderfully interesting cases; interesting because they give us a good deal of interest afterward.

Dr. S. S. Glasscock, of Kansas City, Kas.: I think we have a rule here that all papers, the reading of all papers, shall be limited and the discussion shall be limited to three minutes. It seems to me we ought to have these rules enforced.

Dr. Sawhill: I havn't very much further to say on this subject; but, unfortunately, I have had so many sudden deaths—they are not all my own practice; some of them are consultation cases, where I was called in, and some of them came so sudden—they seemed to be in perfect health—it made me sad. The lesson to be learned from this is, that there are some cases in which we could by careful examination have done something to ward off some of these deaths; we could cause those who are attendining them to be more careful in taking care of themselves; have the patients more careful in getting up and moving about; and in this way we might be able to save a life; again by the examination of the urine we might be able to prevent poisoning. There are some cases, as Dr. Black has said, which die where we don't know of a single abnormal condition existing in the system; those are some of the mysterious cases that we can't do anything for. We can't afford to be careless in making the diagnosis of any case, no matter how unimportant it is. Therefore, we can't afford, in any case, however simple it is, to give up without giving a very thorough examination. Let us know the exact condition, if possible.

SELF preservation is instinctive. Instinct is the great educator of the human race. Through instinct man naturally avoids everything injurious to health and destructive to human life. Accidents and disease instinctively would lead to observation and the avoidance of such things are as injurious. So that we may affirm with propriety and truthfulness that medicine as an art if not a science is synchronous with man himself.

Notes.

In tobacco poisoning (nicotine) give tacium, dilute acetic acid, strong coffee, and strychnine hypodermically.

According to the Business Address Company, of Barclay street, New York, there are 115,377 physicians in America.

In poisoning by fungi, such as poisonous mushrooms, give sulphate of zinc, or use stomach pump. After emesis give castor oil. Hypodermatically use atropine and stimulants.

In poisoning with aconite, use strong emetic of sulphate of zinc, and stomach pump. Give hypodermatically strychnine, digitaline, atrophine, and whisky. Use nitrite of amyl by inhalation.

Acute mercurial poisoning (corrosive chloride) is best treated by washing out the stomach after giving white of an egg, milk, water or wheat flour and water freely. Morphine may be given if there is much pain afteward.

Kissing the Bible has with many courts long been a requirement in making oath, and many have kissed where diseased and foul lips had kissed before. Now sanitary regulations are requiring Bibles with celluloid backs which can be washed.

For opium poisoning (morphine and laudanum), give hypodermically 1-10 gr. apomorphine, or use stomach pump, followed by atropine and strychnine. Give strong infusion of coffee or citrate of caffeine. Inhalation of ammonia and nitrite of amyl. Use galvanism and artificial respirations. Keep patient awake!

Two cases of typhoid meningitis have been reported by Dr. Ohlmacher. Such cases are rare.

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Topeka, Kansas, Saturday, Sept. 11, 1897.

EVERY physician who has practiced medicine for a few years has a few pet formulas which he uses religiously. Possibly he might be able to improve them, but following the advice of Pollonius "The friends thou hast, and their adoption tried, grapple them to thy soul with hoops of steel," he sticks to his old formula.

Some of these prescriptions are original, some have been selected from text-books and some have been secured from other physicians. It is needless to say that many of them are very valuable and have been the basis for many of the most prominent and successful of the proprietary and patent remedies now sold. It seems that in the line of mutual improvement a general exchange of private prescriptions might be profitable. We will start a column in a short time devoted to this purpose, and would like every subscriber to send us one or more of his prescriptions for this column. We believe this will benefit all of us and in time our therapeutics may also be benefitted.

Hereditary Syphilis.

The lesions of the skin in hereditary syphilis depends in form and intensity, upon the length of time in which they make their appearance after birth. The muscular syphilide is not raised above the surface of the skin; in color between a pink and bright red, and easily effaced on pressure, but returns again as soon as the pressure is removed. It is soon followed by desquamation.

If the disease progresses the papular syphilide makes its appearance in abont four or five weeks. This lesion is elevated above the surface of the skin. The eruption is seated on the face, buttocks, palms of the hands and soles of the feet; it is grouped in patches in form and with a tendency to coalesce. The large papules desqumate, crack and become fissured, and, when seated at angle of the mouth, painful. In the palms of the hands the fisures bleed readily.

The vesicular syphilide in the infant, in the majority of cases, is an exzema and in the early stages of the diseases the child recovers from the active manifestations if the treatment is efficient.

Relapse occurs in from one to two years, the disease appearing then either in the papular or pustular form. All of the infantile syphilides are secondary, the later ones tertiary. Manifestations appear in the deeper tissue and are gummatous in their nature. The face is a special seat of predeliction, then the legs. The nose is the part most liable to gummatosis.

The diagnosis of hereditary syphilis in the congenital form is not difficult, but in the latter manifestations where the deeper structures are first involved, the diagnosis is difficult. The prognosis of hereditary syphilis is not favorable.

The treatment of congenital syphilis is by mercury, the form used being of no consequence, but the method of using is important.

The plan is by the local use of an ointment compound of 4 grs. of the yellow oxide to 1 oz. of vaseline. This should be rubbed onto a linen bandage and put around the chest and renewed from time to time as indicated. The bichloride of mercury and iodide of potash is a good remedy if thought preferable, but it should not be used in connection with the local treatment.

Joint Committee Meeting.

HADDAM, KAS., Sept. 10, '97—*Ed. Kansas Medical Journal:* Tuesday, Sept. 28, 2 p.m., at office of Secretary of State Board of Health, there will be a joint meeting of the commitees appointed by the State homœpathic, electic and regular societies, for the purpose of arranging a program for a joint session of the three State medical societies, and to transact such other business as will serve the interests of the medical profession of the State in common. I earnestly request a full attendance of the members of the Regular Committee. H. M. OCHILTREE,

Chairman Regular Committee.

Cancer and Trauma.

The Medical Times.

An interesting and suggestive paper was read before the Congress of International Medicine, which has recently closed its session in Berlin, by Dr. I. Boas, on "Traumatic Intestinal Carcinoma, with Especial Reference to Accidental Insurance." The speaker thought that a carcinoma may remain latent for years until an accidental circumstance, among others a trauma, may call forth an active cell proliferation. He also believes that a cancer may retrograde, for at autopsies cancers of the stomach have been casually observed in persons who during life never had stomach disturbances. From personal observations and deductions arrived at from general considerations, Boas draws the important practical conclusion that in accident insurance traumatism may be accepted as a cause for cancer.

A case occurred at the General Hospital, Fishkill Landing, recently, which demonstrates the truth of the statement that cancer of the stomach may occur without the patient ever having been conscious of any disturbance of that organ. A young woman in apparently perfect health, who had never complained of any serious illness, started from Rhinebeck, a few miles above Poughkeepsie, for New York. As the train left for the latter place she was noticed to be in intense agony from pain in the stomach and bowls. Her condition was such that in a half hour, when the train reached Fishkill, an ambulance was called and she was removed to the hospital. This was about six o'clock in the evening. Dr. I. E. Moth, the president of the hospital, and other members of the medical staff, were, in constant attendance until she died the next day at four o'clock, less than twenty-four hours after the attack. When first seen she was in great agony and almost in a state of collapse; the pulse was rapid and faint, the whole body cold and drenched in icy perspirations and the respirations forty to the minute. As the hours passed the evidences of peritonitis and pneumonia, involving both lungs with great tympanitis, became more and more apparent. A few hours before her death all pain ceased. The autopsy which was held on the following day showed severe peritonitis, active pneumonia of both lungs, and a perforation in the stomach through which a pencil could be passed.

The cause of death was apparent. A carcinomatous ulcer, caused probably by a blow or some slight injury to the stomach, months or even years before, so slight as to produce only passing notice and followed by no unpleasant symptoms, had evidently been the foundation for a proliferation of cancer cells, developing a carcinomatous ulcer which, without pain or gastric disturbance, had slowly eaten its way through the wall of the stomach, until the perforation was complete, and the abdominal cavity suddenly flooded with the contents of the stomach, producing violent spasmodic action, acute inflammation of the peritoneum and of reflex action of the lungs, and a shock from which

it was impossible to rally. A careful examination by the State chemist was made of the contents of the stomach and abdominal cavity, but no sign of mineral or vegetable poison was found.

The Cigarette Habit.

New York Medical Journal.

Dr. J. C. Mulhall, of St. Louis, himself a cigarette smoker for twenty-five years, disperses the popular delusion that when the smoke of a cigarette is inhaled it pervades the air vesicles of the lungs, and the nicotine it contains is all absorbed into the blood through the delicate respiratory membrane. As a matter of fact, the smoke reaches only to the larger bronchial tubes, probably in a majority of instances not to a point much below the larynx. To the mucous membrane of these large air passages the smoke does little harm as an irritant, although it may aggravate pathological conditions already present.

The surface by which nicotine is absorbed into the blood is much larger than that of the mouth, however; so that although relatively only a little of the poison is contained in a cigarette, much more of it finds its way into the system than when the smoke from a cigar or pipe is simply drawn into the mouth and at once blown out. The inference to be drawn from this is that the inhalation of tobacco smoke is a bad practice. That it is more likely to be indulged in by persons who smoke cigarettes than by those who restrict themselves to cigars and the pipe may be readily conceded. At the same time it is quite certain that many smokers inhale cigar smoke and pipe smoke at times, if not habitually; sometimes they do it involuntarily.

Dr. Mulhall expresses himself against the common assumption that cigarettes are especially injurious on account of their containing other poisons besides nicotine. So far as the constitutional effects of cigarette smoking are concerned, he states, as the result of fifteen years of careful study of the matter, that they are aboslutely the same as those of tobacco used in any form; and he cites Ledaux, who has subjected various brands of cigarettes to chemical analysis, as having found absolutely no evidence of any other drug but nicotine in the tobacco, and in the paper a harmless quantity of cellulose. It is, indeed, the height of absurdity to suppose that cigarettes are sophisticated with opium. Opium, as has been often said, is too expensive to be used for such a purpose The chief evil of tobacco is its constitutional effect upon the nervous system; and, as the cigarette habit is so common in boys, it is to be deplored on that account; but, as far as its local effects on the larynx are concerned, the author has been unable to discover any but trivial hyperemia and secretion.

A Caution on Turkish Baths.

The St. Louis Clinic.

The recent death of an elderly Englishman in a Turkish bath leads *The Hospital* to make a few remarks on the risks run by persons with atonic hearts and blood vessels when bathing in this way. That conditions are the same on this side of the water is shown by the published report of a death in New York a few days ago from the same cause. *The Hospital* says (quoted in the Literary Digest):

"The essential peculiarity of the Turkish, as distinct from all other forms of baths, is the very much higher temperature to which the bather is subjected. In the hottest room the temperature may be from 250° to 300° F., that is about the temperature at which an oven is kept for the baking of puff pastry, and considerably higher than is required for ordinary cakes or for baking meat. Under these circumstances the safety of the bather depends on two things—his power of perspiring and the power possessed by the air in the bath of evaporating his perspiration. The life of the bather depends on the air remaining far from saturated with watery vapor. If in consequence of any deficiency of ventilation this hot air were to become saturated with moisture, evaporation from the bather's skin would cease, and he would be

steamed alive. His safety depends absolutely and entirely on evaporation from the surface of the skin and the bronchial mucous membrane. This being so, it is obvious that the bather will suffer distress, and, in fact, be affected with partial heat stroke, even when the ventilation is good, if his own capacity for perspiration is diminished."

Since in some persons heat, when applied to the mucous membrane of the bronchial tubes, stops the breathing, this alone may suffocate the bather although defective perspiration or heart strain is a more common cause of trouble. The article goes on to say:

"It is for this reason that Turkish baths are so often dangerous to those who suffer from organic heart disease. When a comparatively sound heart labors to drive impure blood through contracted blood vessels, we may well imagine that the opening of the cutaneous circulation by a Turkish bath may actually lighten the load upon it. But where the heart itself is feeble and its valves imperfect, it is incapable of acting efficiently at the greater speed required, and sudden failure may result. Besides this, it must be remembered that a Turkish bath is a gymnastic exercise to the blood vessels as well as to the heart, and thus we come to the generalization, that, while the Turkish bath is a harmless luxury to the man with a good heart and elastic vessels, it is a dangerous performance in the opposite case."

Radical Cure of Epithelial Cancer

The International Journal of Surgery.

Drs. S. Cerny and C. Truneck (*Medical Weekly*) employ for the treatment of ulcerated and superficial cancers the following arsenicial preparations: Powdered arsenious acid, 15 grains; ethylic alcohol and distilled water, of each 2½ oz. Before its application the neoplasm is carefully cleansed; it may be necessary to bring on *slight* bleeding from a small portion of the cancerous ulceration, as the arsenical preparation must come in contact with the morbid tissue in the presence of fresh blood. The mixture is then well shaken and applied all over the ulcer with a brush, being allowed to dry by evaporation in the open air. It is best to leave the ulcer without any dressing. The application, as a rule, is followed by pain, which lasts a few hours and is never very severe. The following day the ulcer is seen to be covered with a scab, and every day a new layer of the topic is applied over the crust, which gradually changes from yellow to brown, and then to an almost black color. The crust, which at first is thin and firmly attached, gradually becomes thicker and loser, until it can be readily detached by cutting through the few thin fibrous bands which hold it to the adjacent tissues. After its removal the ulcer is painted again with the arsenical mixture. If the next day there is only a thin, easily detached, yellowish pellicle, this will show that the cancerous tissue has been completely destroyed. If, however, a dark-colored, tough and firmly adherent crust still forms, the treatment must be continued until the last cancerous elements have disappeared. In the course of the treatment the thicker the crust the greater must be the proportion of arsenic in the solution, which may be increased to 1:100 or 1:80. When the last vestige of cancerous tissue has been removed the malignant ulcer becomes transformed into a granulated wound, without signs of induration, and this is now treated like any suppurating surface. To avoid formation of cicatrices, it is advisable to apply, at the edges of the ulcer more particularly, an ointment containing one part of boric acid to ten parts of vaseline.

The Albuminuria and Uraemia of Pregnancy.

Dr. E. F. Baker, in Transactions Morgan County Medical Society,

All authorities, as well as our clinical experience, agree that albumin is found in the urine in much greater relative quantity, and greater relative frequency, in the pregnant than in the non-pregnant state. Indeed so frequent is this symptom observed that it is regarded by many as of very little signifi-

cance, unless accompanied by other symptoms. It is claimed by some authorities that albumin may exist to the extent of 3 to 5 per cent., and even much higher percentage, and yet not be considered pathological.

The chief excretory product that was thought to be the source of danger was long thought to be urea, and hence the name "uraemia" was given to this condition; but later authorities say that this is not true, that the name is a misnomer; that an excess of urea in the blood does not cause spasms, but that there are several other poisons, the exact nature of which are not clearly understood. Creatin and creatinin are said to be the chief poisons. The late American Text Book of Obstetrics says it is not the failure of the kidneys to elminate urea that determines a convulsive seizure, for the non-pregnant woman may have anuria for days, with an excess of urea in the blood, and yet have no convulsions.

Symptoms of uræmia: that we have degrees of toxemia goes without saying. It is probable that in many cases constipation and torpid liver, want of proper amount of exercise and attention to the excretory functions of the skin, liver and kidneys we have the secret of many of the so-called unavoidable discomforts of latter half of pregnancy. We have a toxic condition, a poisoned woman suffering from retained excretions for days, weeks or months, with temporary relief perhaps from either acidental stimulation of the excretions, or an extra effort of nature to throw off the excess of poisonous matters. This condition, often endured for considerable time, under the belief that these discomforts are a part of, and belong to the pregnant state, and cannot be cured, and the physician is not consulted. When the physician is finally sent for, he finds, upon inquiry, a greatly diminished quantity of urine secreted in the twenty-four hours, probably one-half the normal quantity or less, with severe headache. The headache may be frontal, or it may be in the back of the head, extending down the back of the neck. Nausea and vomiting, restless, weariness upon exertion, mental irritability, disturbances of vision, dizziness, muscular tremors, ringing in the ears and severe epigastric pain, and dysponœa. The dysponœa is sometimes very marked, and the patient cannot lie in the recumbent position. This symptom is sometimes as distressing as a genuine case of asthma. Wakefulness is a very marked symptom. Patients will say to the doctor: "I have not slept a wink for three days and nights." Albumin in greater or less amount is found in the urine; edema of feet and ankles, often extending to the body generally present. The pulse in urem-toxemia is frequently abnormally slow. In a case that recently came under my own observation the pulse beat was but fifty per minute, full and tense, with great arterial tension and remained in this condition for one week. The temperature curve in uræmia, and in the dependent, and resultant, and succeeding stage, eclampsia, is very remarkable. In uræmia in a large majority of cases, whether in men or in women, whether caused by affection of the kidneys, an obliteration of the ureters, whether caused by affection of the ureters (from calculi, cancer, etc.) whether in the stage of convulsions or coma. The temperature gradually falls and remains low; subnormal sometimes going as low as 93°. While in striking contrast with this subnormal temperature, we have in eclampsia a high temperature going higher and higher: 103, 104, 105, 106, 107 and 110 after death. This temperature change is certainly one of the most remarkable phenomena attending this condition. The temperature of eclampsia rises higher during the clonic convulsions, to fall slightly during the clonic convulsions. The nervous disturbances, witnessed in these cases, resulting from the poisoning of the blood, has given rise to a vast deal of discussion, and many theories have been offered as to the special portion of the brain and various centers affected, and I hope in the discussion that is to follow, this part of the subject may be elaborated, and from it we may get a better understanding of the nervous phenomena of uranina and eclampsia. But if we do not fully understand all the nervous disturbances; if we fail to agree upon the exact and particular poison

that lies at the bottom of all these manifestations and symptoms; whether it is urea, creatin, creatinin, the pregnant state, pressure, hyper-excitable state of the nervous system, or what not, makes little difference so long as the question, "what can you do for it," can be satisfactorily answered. Happily for the healing art, as well as for the victims of this depraved condition, there are few disturbances of equal gravity, where judicious and timely treatment offers such brilliant and lasting results. The best time to treat uræmia is before the patient becomes uræmic, and the best time to treat eclampsia is to treat the uræmia so that eclampsia does not develope. The excretions need looking after in all pregnant women. The diet, the dress, clothing should be worn so that the weight of skirts should be suspended from the shoulders; the corset should not be worn up till the woman is six months gone—so frequently done—attention to the excretory functions of the skin, bowels, kidneys. The urine should be examined frequently, although troublesome and distasteful to the woman. Pregnant women, as well as those contemplating pregnancy, should be taught, and taught by the medical profession, what their duties to themselves are upon these points. The notion is too prevalent, that a woman has no need for the services of her medical attendant till she is in actual labor, and the pains pretty hard at that. She should be taught that eternal vigilance is the price of health and children, as well as the price of liberty.

Some bold iconoclast, who can break up the worship of the attenuated waist in woman, will do a work that ought to send his name thundering down through the ages. But if the case is not seen early, or until symptoms of uræmia have shown themselves—and it is then only that the physician is generally called—active purgative with calomel saline cathartics, hot bath or hot pack, encourage sweating. The hot pack, consisting of blankets wrung out of hot water, as hot as it can be borne, will serve an admirable purpose. Diuretics—avoiding, however, the potassium salts—as these are irritating to the kidneys. Acetate of potassa, while an excellent diuretic, has in my hands seemed to aggravate the symptoms, especially the headache. Nearly all late authorities rely upon chloral to control the nervous system. Chloral by the mouth, but chiefly by enema. The gross amount of chloral said to be borne by patients threatened with eclampsia is enormous in some cases. One case reported by Viunay, in which sixty grains of chloral in four doses of fifteen grains each was continued for the whole of the ninth month, with the result of delivery at full term of a fine, healthy, living child, and convulsions did not occur. This same author recommends where albumen is abundant in the urine, headache, irritability, restlessness, vertigo with disturbances of the vision, and all those symptoms announcing that the attack of eclampsia is at hand; forty-five to sixty grains of chloral by the mouth should be given at once, and the patient kept under the influence of this drug till delivery is accomplished. Most authorities rely more upon chloral to control the convulsions of eclampsia than upon any other drug. Winckle employs it in fifteen to thirty grain doses, per rectum, repeating it after each attack, giving as much as one hundred and eighty grains in the twenty-four hours.

Morphia in large doses, as much as one-half grain at a dose. Cases are recorded where twelve grains have been given in a period of four days. Chloroform by inhalation has its advocates and opponents. Veratrum viride still has its warm advocates, some laying it down as a rule that if you can only keep the pulse down you can control the convusions.

From personal experience I am not able to speak upon this point, as I have not tried it. The advantage of venesection and other methods of treatment of eclampsia I shall not enter into. Neither shall I attempt a description of the startling, and dramatic, and almost tragic nervous outbursts we call eclampsia, as you are all familiar with it.

It is well to emphasize the fact that the best time to treat all these cases of the toxemia of pregnancy, is before serious symptoms are manifest. I have not met a case

manifesting symptoms of toxemia, where elimination treatment has failed when commenced sufficiently early; but such cases do occur, where all known means fail to rid the system of the toxic matters, and then the question of prematurely emptying the uterines presents itself. This procedure generally has the desired effect, though not always. It is very remarkable to note with what readiness the apparently useless and dormant kidneys that have stubbornly refused to secrete but a very small amount of urine—where for days we have had to keep up, as we might say, vicarious urination, through the bowels and skin, and will suddenly spring into activity—and secrete more urine in the first six hours after delivery than they had in the previous twenty-four.

Medical Service on the Ocean Liners.

The Cincinnati Lancet-Clinic.

Every season many physicians in the interior write to New York and other seaport cities for a temporary position as surgeon on some ocean liner, thinking that their local reputation and experience will command an opening at once. The impression is given that most of the surgeons are young men who only serve a short time until some better place is opened. While this is true in part, the fact is the medical service on a liner is really very difficult, and requires a peculiar talent not common in the profession, especially among young men. Even old experienced physicians cannot readily adapt themselves to its requirements. The physician in such a position must be, if successful, a highly educated man of the world, familiar with society, a good conversationalist, with tact and excellent knowledge of human nature; ever able to entertain his patrons as well as to give them medicine, with exact knowledge of their whims and follies, and with ability to cater to them without losing his personal influence over them. Next to the captain the surgeon must be the most popular man to please the passengers. He must possess a rare fund of information, and ability to impart it at the right time and place. He must have rare patience and skill to humor and retain the confidence of the sea-sick when all the worst elements of their nature are uppermost. The despair and intense depression, with reckless indifference of surroundings and consequences which characterize the sea-sick, require psychological skill not common to even specialists. The surgeon becomes the confident of every one at such times, and must have tact to retain this by personality as well as by medicine.

Many of these liners depend for passengers on the reputation of the surgeon. The confidence he has created has built up a patronage which will come to this ship as long as he is surgeon. Invalid men and whimsical women will refuse to go on any other ship, and practically many of these steamers are popular more on account of the surgeon than from any other conditions. Ship managers recognize this in part, yet they rarely pay the real value of such services. From one to two hundred dollars a month is the stated salary, and the expectation is that an equal amount will be picked up from the passengers.

From the moment of leaving port the surgeon's entire time is taken up with the passengers, socially and medically. The latter is a study for temporary results to keep up the person until land is reached, to put off and temporize with conditions of mind and body for the present. Every thing is limited to a week; a broken bone must be set at once, and a hemmorhage checked, but every other condition can be put off until the ship lands. To do this requires infinite tact and knowledge of human nature. Scientific knowledge alone avails nothing, and the most learned medical men would be often helpless in such a position.

Young men who occupy these places often become wearied of this form of practice and resign, but after short experience on shore go back to this life again, and remain until disabled from rheumatism or other troubles. Most of the surgeons are selected from the other side, and a constant sifting out is going on. The genius and skill of those adapted for the work gradually work up to

popular lines, and others fall out or retain their places on less popular ships. Lower down a large class of medical men act as steward's or captain's clerks as well as surgeons on steamers to South America and less popular lines of travel. They are able to command from fifty to one hundred dollars a month or more in this way.

Occasionally an inland physician secures a position on some second-class steamer, and what with sea-sickness and disrespect from the officers and annoying, exasperating demands for his services, which is entirely different from any past experience, he is only too happy to leave this field for others. To any physician who wants to travel, we advise never to aspire to a surgeon's position, but lay up some money and pay for the passage, and come home rested. For a young man who expects to reach any eminence, such a place is fatal to his ambition. An old gray headed surgeon on one of the great lines said: "I am nothing but a purveyor to fashion and hotel nurse. I have spent over two-thirds of my life at sea away from my family and the comfort and quiet of home life. All I have to show for it is a small house, a life insurance policy and a few hundred in the bank. I have built up no patronage except on the ship, which is as transient as the clouds. My acquaintance is so scattered as to be of no value. I have no intimate associates, and, although the center of popularity on the ship, I am practically friendless and alone."

There are probably several hundred surgeons that sail in and out of New York, and not one has attained any scientific eminence or made any special contributions that are original to science, or even pointed out any new theories or methods of treatment for sea-sickness. This is not the fault of the men, but of the vicious system which makes them mere clerks. Many of these surgeons are very clever, capable men, who in other surroundings would have attained eminence, but here they fall into a narrow groove, and after a few years unable to extricate themselves and so go on through life.

The Superiority of Lactophenin Over Phenacetin.

Universal Medical Journal, page 244, August, 1897

George Thompson, of St. Louis, extols the merits of lactophenin, which, as is well known, is a coal-tar product, a definite chemical body differing from phenacetin in that lactic acid replaces acetic acid. The substitution of lactic acid seems to overcome almost entirely the possibility of cardiac depression or the conversion of hæmoglobin into methæmoglobin, an attribute only too frequently met with in antipyrin, acetanilid, and phenacetin. At the same time, lactophenin possesses every desirable property of phenacetin, with the additional one that, lacking the usual untoward properties of this body, it may be given, if necessary, in largely increased doses with impunity, and will reduce a hyperpyrexia of nervous origin which resists all other antipyretics. As an analgesic it is equal, according to the author, to the best pain reliever in the materia medica, and it may be given with confidence in neuralgia from any cause other than traumatic. Neuralgia is a condition subject to recurrence and should never be relieved by any agent liable to cause a drug habit by repetition. Besides, as an anodyne, morphine is greatly overestimated by the profession, even in the treatment of traumatic and colicky pains. He does not mean to advocate any coal-tar product as an anodyne in this class of pain, because herein is the peculiar realm of morphine; but for any form of neuralgia—whether malarial, rheumatic, or dyspeptic, or whatever the cause may be other than traumatism or active inflammation—lactophenin, he states, will be found safe and satisfactory. The author relates several cases in support of his opinion that lactophenin is greatly superior to phenacetin and other members of the coal-tar group of antipyretics and analgesics.

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